

REQUEST FOR ARMY/AMERICAN COUNCIL ON EDUCATION REGISTRY TRANSCRIPT

For use of this form, see AR 621-5, the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 4302, Enlisted members of Army: School; AR 621-5, Army Continuing Education Systems; and EO9397 (SSN).

PRINCIPAL PURPOSE(S): To provide a formal documentation of military training, Military Occupational Speciality (MOS) experiences, and education test achievement along with college credit recommended by the American Council on Education (ACE) for personal and professional development; and at the request of an individual, their transcript is provided to a designated addressee listed on the form.

ROUTINE USES: Information may be disclosed to the Department of Labor, Bureau of Apprenticeship and Training. The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems record apply to this system.

DISCLOSURE: Voluntary. However, failure to provide requested information will complicate, delay, and/or prevent administrative actions needed to produce the transcript..

ELIGIBILITY: Individuals serving or have served in the Regular Army, Army National Guard or Army Reserve.

MAIL TO: Manager, AARTS, Operations Center, 415 McPherson Avenue, Fort Leavenworth, KS 66027-1373

FAX TO: Commercial (913) 684-2011; DSN 552-2011

E-MAIL ADDRESS: aarts@leavenworth.army.mil

QUESTIONS: Commercial (913) 684-3269; DSN 552-3269

WEBSITE: <http://aarts.army.mil>

Toll Free 1-866-297-4427

PRIVACY ACT INFORMATION - PLEASE TYPE OR PRINT LEGIBLY

1. SOCIAL SECURITY NUMBER		2. NAME (<i>Last, First, Middle Initial, Other names used</i>)	
3. RANK	4. DATE OF BIRTH	5. SIGNATURE	
6. STATUS (<i>Check all that apply</i>) <input type="checkbox"/> REGULAR ARMY <input type="checkbox"/> USAR <input type="checkbox"/> ARNG/ARNGUS <input type="checkbox"/> VETERAN		7. DATE ENTERED SERVICE	8. HOW DO WE CONTACT YOU? DAYTIME PHONE: ALT PHONE: EMAIL:
9. FOR PERSONAL OR ARMY EDUCATION RECORD SEND TRANSCRIPT TO:		10. FOR COLLEGE OR EMPLOYER RECORD SEND TRANSCRIPT TO (MUST include complete institution name and address):	

SPECIAL HANDLING INSTRUCTIONS

(Please List any comments/instructions you may have. We regret that we cannot fax transcripts to you or your institution.)